



RECEIVED

MAY 04 2007

Underground Storage Tank

CRO-Yakima  
9128

FS # 01762758

Check those activities which apply: ☒ Tightness Testing Checklist  
☐ Retrofit/Repair checklist  
☐ Cathodic Protection Checklist

The attached Underground Storage Tank is required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair, and Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: \_\_\_\_\_ Site ID Number: 0  
(UBI # from Master Business License) (Available from Ecology if tank is registered)

Site/Business Name: Toppenish Shell

Site Address: 401 S Elm St 0  
Street County  
Toppenish Washington 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

UST Owner/Operator: Toppenish Shell

Mailing Address: 401 S Elm St  
Street P.O. Box  
Toppenish WA 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 17407 59th Ave SE Snohomish  
Street County  
Snohomish Washington 98926  
City State Zip+4 (required)

Certified Supervisor: Josh Raymond

Address: 17407 59th Ave SE  
Street P.O. Box  
Snohomish Washington 98926  
City State Zip+4 (required)

IFC1 Certification Number: 5926767-U3 Certification Issue Date (Month/Year): 9/9/2006

Telephone: (425) 742-9622

Ecology is an equal opportunity and affirmative action employer  
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

9128

Site ID #	0
Site Address	401 S Elm St
City	Toppenish

### Tightness Testing Checklist (continued)

#### III. TANK INFORMATION CHECKLIST

	1	2	3			
1. Tank ID# (tank name registered with Ecology)						
2. Date installed						
3. Tank capacity in gallons	15000	8000	8000			
4. Last substance stored	Regular	Midgrade	Premium			
5. Number of tank compartments	1	1	1			
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	DW	DW	DW			
7. Is overfill device present? (Yes/No)	Drop Tube	Drop Tube	Drop Tube			
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	N/A	N/A	N/A			
9. The test method used can detect a leak of how many GPH?	.05	.05	.05			
10. The numerical tank test results are? (In gallons per hour)	N/A	N/A	N/A			
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?	Not Tested	Not Tested	Not Tested			

#### IV. Line Information

	Regular	Midgrade	Premium			
1. Piping type: (S) single wall; (D) double wall	Double	Double	Double			
2. Pump type: (T) turbine; (S) suction	Pressure	Pressure	Pressure			
3. (a) If turbine, is leak detector present (Yes/No)	Yes	Yes	Yes			
(1) If present, was lead seal intact? (Yes/No N/A)	No	No	No			
(2) Line leak detector results? (Pass/Fail)	Pass	Pass	Pass			
(b) If suction, check valve located at? (T) tank (P) pump	N/A	N/A	N/A			
4. The numerical line test results are? (gallons per hour)	NA	NA	0			
5. Line tightness test results? (Pass/Fail)	NA	NA	PASS			

\* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

#### V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

4/17/2007

Date

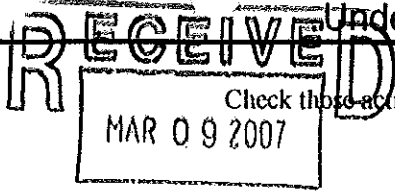
Signature of Certified Supervisor

Josh Raymond

Printed Name

Date

Signature of Tank Owner/Authorized Representative Printed Name



# Underground Storage Tank

CR0-Yakima  
9128  
FS# 01702758

Check those activities which apply: ☒ Tightness Testing Checklist  
☐ Retrofit/Repair checklist  
☐ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

## 1. UST SYSTEM LOCATION AND OWNER

UBI Number: \_\_\_\_\_ Site ID Number: \_\_\_\_\_  
(UBI # from Master Business License) (Available from Ecology if tank is registered)

Site/Business Name: Toppenish Shell (EXEMPT)

Site Address: 401 S Elm St  
Street County  
Toppenish Washington 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

UST Owner/Operator: Toppenish Shell

Mailing Address: 401 S Elm St  
Street P.O. Box  
Toppenish WA 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

## 2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 17407 59th Ave SE Snohomish  
Street County  
Snohomish Washington 98926  
City State Zip+4 (required)

Certified Supervisor: Erik Snyder

Address: 17407 59th Ave SE  
Street P.O. Box  
Snohomish Washington 98926  
City State Zip+4 (required)

IFCI Certification Number: 32-US-32025440 Certification issue Date (Month/Year): 5/9/2005

Telephone: (425) 742-9622

*Ecology is an equal opportunity and affirmative action employer  
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.*

9128

# Underground Storage Tank

## Tightness Testing Checklist

Site ID # _____
Site Address <u>401 S Elm St</u>
City <u>Toppenish</u>

For more than four UST systems, you may photocopy this form prior to completing.

### I. TIGHTNESS TESTING METHOD

Date of Test: 3/13/2006

1 Tightness testing method(s) used (indicate if more than one method was used):

Test method name/version ☐ Accurite (Line) ☐ 2001 / P(Tank) ☐ 2000 / P(Tank) ☐ 2000 / U

Test method Manufacturer ☐ Services and Training Corp(Line)

☐ USTest - Sound Services (Tank) ☒ VMI LDT 890(leak detector)

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): n/a

3. Method used for release detection:

- ☐ Weekly manual gauging
- ☐ Daily manual inventory control
- ☐ Automatic tank gauging (ATG)
- ☒ Interstitial monitoring
- ☐ Other (describe) \_\_\_\_\_

4. Reason for conducting tightness test:

- ☒ Required for release detection requirement
- ☐ Bring temporarily closed tanks back into service
- ☐ Tank or piping repair
- ☐ Other (describe) \_\_\_\_\_

5. Type of test conducted:

- ☐ Tank tightness test only
- ☐ Line tightness test only
- ☐ Total system test (tank and lines tested together)
- ☒ Leak Detector Only

6. Test method type:

- ☐ Overfill volumetric
- ☐ Underfill volumetric
- ☒ Nonvolumetric
- ☐ Volumetric

### II. TEST METHOD CHECKLIST

The following items shall be initiated by the Certified Supervisor whose signature appears on this form.

- |  | Yes                                 | No                       | N/A*                                |
|--|-------------------------------------|--------------------------|-------------------------------------|
| 1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Was the product level in the tank during the test within the limitations of the test methods performance standards?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

\* Item not applicable

Site #	
Site Address	401 S Elm St
City	Toppenish

### Tightness Testing Checklist (continued)

#### III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID# (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	15000	8000	8000	0
4. Last substance stored	Regular	Midgrade	Premium	0
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned				
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)				
9. The test method used can detect a leak of how many GPH?	+/- 0.05	+/- 0.05	+/- 0.05	+/- 0.05
10. The numerical tank test results are? (In gallons per hour)				
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are?				

#### IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	d	d	d	
2. Pump type: (T) turbine; (S) suction	t	t	t	
3. (a) If turbine, is leak detector present (Yes/No)	yes	yes	yes	
(1) If present, was lead seal intact? (Yes/No N/A)	n/a	n/a	n/a	
(2) Line leak detector results? (Pass/Fail)	pass	pass	pass	
(b) If suction, check valve located at? (T) tank (P) pump	n/a	n/a	n/a	
4. The numerical line test results are? (gallons per hour)	n/a	n/a	n/a	
5. Line tightness test results? (Pass/Fail)	n/a	n/a	n/a	

\* Inconclusive test results for tanks or piping will not be considered as valid tightness test for the purposes of complying with UST release detection regulations.

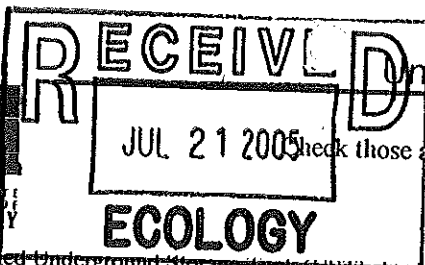
#### V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

3/13/2006		Erik Snyder
Date	Signature of Certified Supervisor	Printed Name

Date	Signature of Tank Owner/Authorized Representative	Printed Name



# Underground Storage Tank

CRO- Yakima  
9/28  
FS# 617-627-58

Check those activities which apply: ☒ Tightness Testing Checklist  
☐ Retrofit/Repair checklist  
☐ Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. Complete this form and the corresponding UST checklist for each activity checked above.

See back of form for instructions.

## 1. UST SYSTEM LOCATION AND OWNER

UBI Number: \_\_\_\_\_ Site ID Number: \_\_\_\_\_  
(UBI # from Master Business License) (Available from Ecology if tank is registered)

Site/Business Name: Toppenish Shell

Site Address: 401 S Elm St  
Street County  
Toppenish Washington 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

UST Owner/Operator: Toppenish Shell

Mailing Address: 401 S Elm St  
Street P.O. Box  
Toppenish WA 98933  
City State Zip+4 (required)

Telephone: 509-307-1052

## 2. FIRM PERFORMING WORK

Service Company: Northwest Tank & Environmental Services, Inc.

Service Co. Address: 17407 59th Ave SE  
Street County  
Snohomish Washington 98926  
City State Zip+4 (required)

Certified Supervisor: Richard Wilson

Address: 1720 100th PI SE, Suite 101  
Street P.O. Box  
Everett Washington 98208-3826  
City State Zip+4 (required)

IFCI Certification Number: X 5120193-43 Certification issue Date (Month/Year): X 3-10-05

Telephone: (425) 742-9622

Ecology is an equal opportunity and affirmative action employer  
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

9/28

December 11, 2002

TO: Jim Greeves, EPA Region 10 WOO

FROM: Desiree Wells, Department of Ecology SWRO-TCP

SUBJECT: Transfer of Site File from Department of Ecology to the EPA

RE: BRANDXII TOPPENISH RH BOWLES CO INC  
401 SOUTH ELM, TOPPENISH  
Ecology UST #9128 - FS #61762758

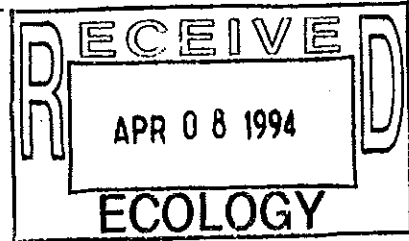
The Department of Ecology (Ecology) is transferring this underground storage tank site to EPA Indian Lands - Underground Storage Tank Division. This site is located on Indian Lands, which Ecology does not regulate. Therefore, with the transfer of this site, EPA agrees to regulate this underground storage tank site and oversee any cleanup located at this site.

The site file, transferred from Ecology's CRO Regional Office Records Center, is attached. The electronic file information from Ecology's database will be transferred in the near future. The site and electronic files will be located at the EPA Indian Lands - Underground Storage Tank Division located in Seattle.

cc: Tara Davis, State of Washington Department of Ecology, HQ-TCP  
Christina Zerby, State of Washington Department of Ecology, CRO-TCP-UST  
Brian Deeken, State of Washington Department of Ecology, CRO-TCP-LUST  
Roger Johnson, State of Washington Department of Ecology, CRO-Central Records  
Carol Dorn, State of Washington Department of Ecology, HQ-Central Records  
Carla Skog, State of Washington Department of Ecology, HQ-TCP  
Jim Greeves, U.S. EPA Washington Operations Office, Lacey, Washington

Law Office  
**ROBERT J. REYNOLDS, P.S.**  
A PROFESSIONAL SERVICE CORPORATION

901 Summitview Avenue, Suite #251  
Yakima, WA 98902  
Tel: (509) 453-0313  
FAX: (509) 453-0314



April 5, 1994

Department of Ecology  
P.O. Box 47600  
Olympia, WA 98504-7600

Re: Underground Storage Tank Sites - R.H. Bowles, Inc.

Gentlemen:

I am the Trustee for the chapter 7 Bankruptcy of R.H. Bowles, Inc. which was filed in June of 1991. R.H. Bowles, Inc. last operated on the Memorial Day weekend, 1991, and there have been no operations since that time. The estate no longer controls any of the sites listed. Those that were not repossessed have been sold or abandoned. Please change your records to reflect that fact.

Very truly yours,

ROBERT J. REYNOLDS, P.S.

*Robert J. Reynolds*  
Robert J. Reynolds  
RJR/lmk



## FISCAL YEAR 1995 UNDERGROUND STORAGE TANK FEE INVOICE SUMMARY

OWNER ID	OWNER NAME.....	INVOICE NO	SITE NO...	SITE NAME.....	NO OF TANKS	INV. AMOUNT..	DUE DT....
U0005857	RR BOWLES COMPANY IN C	U5748901	009129	NORTH FIRST ST SHELL RR BOWLES CO INC	4	360.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748902	009254	WAPATO SHELL RR BOWLES CO INC	3	225.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748903	009255	NACHES SHELL	4	300.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748904	009258	YAKIMA AVENUE SHELL RR BOWLES CO INC	3	225.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748905	009259	CENTRAL SHELL RR BOWLES CO INC	3	225.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748906	009260	RR BOWLES COMPANY INC RR BOWLES CO	7	525.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748907	009261	NOB HILL SHELL RR BOWLES CO INC	3	225.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748908	009263	ELLENSBURG SHELL RR BOWLES CO INC	3	225.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748909	009264	SUNNYSIDE TEXACO RR BOWLES CO INC	5	375.00	06-01-1994
U0005857	RR BOWLES COMPANY IN C	U5748910	100042	CGCO'S BRAND X	3	225.00	06-01-1994

CUST. ID  
U0005857

38

2,850.00

Law Office  
**ROBERT J. REYNOLDS, P.S.**  
A PROFESSIONAL SERVICE CORPORATION

901 Summitview Avenue, Suite #251  
Yakima, WA 98902  
Tel: (509) 453-0313  
FAX: (509) 453-0314

April 5, 1994

Department of Ecology  
P.O. Box 47600  
Olympia, WA 98504-7600

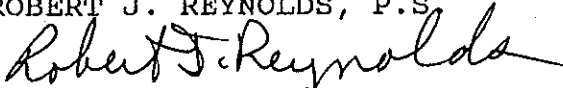
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Gentlemen:

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Very truly yours,

ROBERT J. REYNOLDS, P.S.

  
Robert J. Reynolds  
RJR/lmk

# UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the information on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

## 1. TANK OWNER INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

OWNER NUMBER: 00005557  
OWNER NAME: RH BOWLES COMPANY INC  
OWNER ADDRESS: 901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068  
OWNER PHONE: (509) 248-3068

## 2. TANK SITE INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

SITE NUMBER: 009128  
SITE NAME: BRANDXII TOPPENISH RH BOWLES CO TINC  
SITE ADDRESS: 401 SOUTH ELM  
TOPPENISH, WA 98948-1650  
SITE COUNTY: YAKIMA  
CONTACT PERSON: DAVID BOWLES  
CONTACT PHONE: (509) 248-3068

## 3. TANK INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

TANK ID: 1  
TANK STATUS: OPERATIONAL  
SUBSTANCE STORED: ALCOHOL BLEND GAS  
TANK SIZE: 10000-19999 GALLONS  
INSTALLATION DATE:

## 4. TANK FEE INFORMATION

The Annual Fee is for the Period 7/01/94 - 6/30/95

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

### ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

INVOICE NUMBER: SITE NUMBER: 009128  
8 TANKS AT \$75.00 EACH; DUE FOR CURRENT YEAR: N/A ; TOTAL DUE FOR ALL YEARS: \$900  
DATE DUE: JUNE 1, 1994  
PREVIOUS YEARS' OUTSTANDING FEES:  
1990: \$0 1991: \$0 1992: \$300 1993: \$300 1994: \$300

## 5. OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE.

Name of UST owner or Authorized Representative

Signature of UST Owner or Authorized Representative

Date Signed

Telephone Number

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Underground Storage Tank Permit  
Washington Department of Ecology  
Please Display at the Underground Storage Tank Site.

THIS PERMIT IS VALID ONLY WHEN STAMPED BY  
ECOLOGY WITH AN EXPIRATION DATE. IT IS UN-  
LAWFUL TO DELIVER PRODUCT TO TANKS WITH-  
OUT VALID PERMITS.

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner: 00005557  
RH BOWLES COMPANY INC  
901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068

SITE NUMBER: 009128  
INVOICE NUMBER:  
BRANDXII TOPPENISH RH BOWLES CO TINC  
401 SOUTH ELM  
TOPPENISH, WA 98948-1650

Tank ID:

1

Substance Stored:

ALCOHOL BLEND GAS

This space provided for owner to identify this tank to product distributor.

## **PERMIT CONDITIONS**

**These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.**

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. A suspected or confirmed release must be reported to the Department of Ecology within 24 hours.

The Department of Ecology may take any action under its authority to bring a tank into compliance to correct or stop a release.

# UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the information on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

## 1. TANK OWNER INFORMATION

Current Information

Corrected Information

OWNER NUMBER: 0005557  
OWNER NAME: RH BOWLES COMPANY INC  
OWNER ADDRESS: 901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068  
OWNER PHONE: (509) 248-3068

## 2. TANK SITE INFORMATION

Current Information

Corrected Information

SITE NUMBER: 009128  
SITE NAME: BRANDXII TOPPENISH RH BOWLES CO (INC  
SITE ADDRESS: 401 SOUTH ELM  
TOPPENISH, WA 98948-1650  
SITE COUNTY: YAKIMA  
CONTACT PERSON: DAVID BOWLES  
CONTACT PHONE: (509) 248-3068

## 3. TANK INFORMATION

Current Information

Corrected Information

TANK ID: 2  
TANK STATUS: OPERATIONAL  
SUBSTANCE STORED: ALCOHOL BLEND GAS  
TANK SIZE: 10000-19999 GALLONS  
INSTALLATION DATE:

## 4. TANK FEE INFORMATION

The Annual Fee is for the Period 7/01/94 - 6/30/95

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

## 5. OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE.

Name of UST owner or Authorized Representative

Signature of UST Owner or Authorized Representative

Date Signed

Telephone Number

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Underground Storage Tank Permit

Washington Department of Ecology

Please Display at the Underground Storage Tank Site.

THIS PERMIT IS VALID ONLY WHEN STAMPED BY  
ECOLOGY WITH AN EXPIRATION DATE. IT IS UN-  
LAWFUL TO DELIVER PRODUCT TO TANKS WITH-  
OUT VALID PERMITS.

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner:  
0005557  
RH BOWLES COMPANY INC  
901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068

SITE NUMBER: 009128  
INVOICE NUMBER:  
BRANDXII TOPPENISH RH BOWLES CO (INC  
401 SOUTH ELM  
TOPPENISH, WA 98948-1650

Tank ID:

2

Substance Stored:

ALCOHOL BLEND GAS

This space provided for owner to identify this tank to product distributor.

## **PERMIT CONDITIONS**

**These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.**

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. A suspected or confirmed release must be reported to the Department of Ecology within 24 hours.

The Department of Ecology may take any action under its authority to bring a tank into compliance to correct or stop a release.

# UNDERGROUND STORAGE TANK INFORMATION UPDATE

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## 1. TANK OWNER INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

OWNER NUMBER: 10005357  
OWNER NAME: RH BOWLES COMPANY INC  
OWNER ADDRESS: 901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3069  
OWNER PHONE: (509) 248-3068

## 2. TANK SITE INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

SITE NUMBER: 009128  
SITE NAME: BRANDXII TOPPENISH RH BOWLES CO TINC  
SITE ADDRESS: 401 SOUTH ELM  
TOPPENISH, WA 98948-1650  
SITE COUNTY: YAKIMA  
CONTACT PERSON: DAVID BOWLES  
CONTACT PHONE: (509) 248-3068

## 3. TANK INFORMATION

Current Information

Corrected Information

(PRINT OR TYPE)

TANK ID: 3  
TANK STATUS: OPERATIONAL  
SUBSTANCE STORED: ALCOHOL BLEND GAS  
TANK SIZE: 10000-19999 GALLONS  
INSTALLATION DATE:

## 4. TANK FEE INFORMATION

The Annual Fee is for the Period 7/01/94 - 6/30/95

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

## 5. OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE.

Name of UST owner or Authorized Representative

Signature of UST Owner or Authorized Representative

Date Signed

Telephone Number

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Underground Storage Tank Permit  
Washington Department of Ecology  
Please Display at the Underground Storage Tank Site.

THIS PERMIT IS VALID ONLY WHEN STAMPED BY  
ECOLOGY WITH AN EXPIRATION DATE. IT IS UN-  
LAWFUL TO DELIVER PRODUCT TO TANKS WITH-  
OUT VALID PERMITS.

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner: 10005357  
RH BOWLES COMPANY INC  
901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3069

SITE NUMBER: 009128  
INVOICE NUMBER:  
BRANDXII TOPPENISH RH BOWLES CO TINC  
401 SOUTH ELM  
TOPPENISH, WA 98948-1650

Tank ID:

3

Substance Stored:

ALCOHOL BLEND GAS

This space provided for owner to identify this tank to product distributor.

## **PERMIT CONDITIONS**

**These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.**

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. A suspected or confirmed release must be reported to the Department of Ecology within 24 hours.

The Department of Ecology may take any action under its authority to bring a tank into compliance to correct or stop a release.



# UNDERGROUND STORAGE TANK INFORMATION UPDATE

Please check all of the information on this page to make sure it is correct. Make any changes on this page, and fill in any missing or incorrect information in the corrected information column on the right.

## 1. TANK OWNER INFORMATION      Current Information      Corrected Information      (PRINT OR TYPE)

OWNER NUMBER: 00005857  
OWNER NAME: RH BOWLES COMPANY INC  
OWNER ADDRESS: 901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068  
OWNER PHONE: (509) 248-3068

## 2. TANK SITE INFORMATION      Current Information      Corrected Information      (PRINT OR TYPE)

SITE NUMBER: 009128  
SITE NAME: BRANDX11 TOPPENISH RH BOWLES CO F1NC  
SITE ADDRESS: 401 SOUTH ELM  
TOPPENISH, WA 98942-1658  
SITE COUNTY: YAKIMA  
CONTACT PERSON: DAVID BOWLES  
CONTACT PHONE: (509) 248-3068

## 3. TANK INFORMATION      Current Information      Corrected Information      (PRINT OR TYPE)

TANK ID: 4  
TANK STATUS: TEMP OUT OF SVC.  
SUBSTANCE STORED:  
TANK SIZE: 10000-19999 GALLONS  
INSTALLATION DATE:

## 4. TANK FEE INFORMATION

The Annual Fee is for the Period 7/01/94 - 6/30/95

Tanks that are temporarily closed will not receive a permit but are subject to annual tank fees. Payments should be made by check or money order - no cash please. Return update form and payment to the Department of Ecology, P.O. Box 5128, Lacey, WA 98503-0210, or use return envelope provided.

Disputes must be made in writing. If you have general questions, please call 1-800-826-7716 (Voice) or (206) 407-7155 (TDD)

ANNUAL FEE INFORMATION FOR ALL TANKS AT THIS SITE:

## 5. OWNER MUST SIGN IN THIS BLOCK TO RECEIVE VALID PERMITS

SWORN STATEMENT: I hereby swear under penalty of law that, based on my knowledge of the tank identified by the tank ID number, this tank is in compliance with applicable state requirements. Also, any new or corrected information required on this form has been entered accurately. I understand that false statements may result in this permit being immediately revoked and I may be subject to penalties under Chapter 173-360 WAC.

PRINT OR TYPE.

Signature of UST Owner or Authorized Representative      Name of UST owner or Authorized Representative      Date Signed      Telephone Number

(DO NOT DETACH - RETURN ALL PARTS OF THIS FORM TO ECOLOGY)

Underground Storage Tank Permit  
Washington Department of Ecology  
Please Display at the Underground Storage Tank Site.

THIS PERMIT IS VALID ONLY WHEN STAMPED BY  
ECOLOGY WITH AN EXPIRATION DATE. IT IS UN-  
LAWFUL TO DELIVER PRODUCT TO TANKS WITH-  
OUT VALID PERMITS.

If this permit should be sent to an address that is different from the owner's, please place a correctly addressed mailing label over the address shown below.

Owner:  
00005857  
RH BOWLES COMPANY INC  
901 SUMMITVIEW AVE #251  
YAKIMA, WA 98902-3068

SITE NUMBER: 009128  
INVOICE NUMBER:  
BRANDX11 TOPPENISH RH BOWLES CO F1NC  
401 SOUTH ELM  
TOPPENISH, WA 98942-1658

Tank ID: 4  
Substance Stored:

## **PERMIT CONDITIONS**

**These conditions must be met or this permit may be immediately revoked or enforcement action may be taken.**

The Department of Ecology is authorized to enter the property containing these underground storage tanks and conduct inspections or investigations of the tanks, their operations, records pertaining to the tanks or their operation, and any releases or suspected releases that may have occurred.

The underground tank must comply with all applicable requirements and records of tank operations must be maintained according to regulations.

The underground tank must not be leaking. A suspected or confirmed release must be reported to the Department of Ecology within 24 hours.

The Department of Ecology may take any action under its authority to bring a tank into compliance to correct or stop a release.

# WASHINGTON STATE UNDERGROUND STORAGE TANK NOTIFICATION FORM

**IMPORTANT: PLEASE READ ALL INSTRUCTIONS ON PAGES 1-1 AND 1-2 BEFORE ENTERING INFORMATION.**

- ABOVEGROUND TANKS MUST BE REPORTED IF THE CONNECTED UNDERGROUND PIPING COMPRISES AT LEAST 10% OF THE OVERALL STORAGE SYSTEM (TANK AND PIPING).
- A SEPARATE FORM MUST BE USED FOR EACH SITE, EXCEPT FOR SITES WITH ONLY ONE TANK EACH. SEE THE GENERAL INSTRUCTIONS (PAGE 1-2) FOR THE DEFINITION OF A SITE AND DETAILS ON REPORTING SITES WITH ONE TANK EACH.
- THERE IS ROOM IN SECTION VI FOR INFORMATION CONCERNING 15 TANKS. IF YOU HAVE MORE THAN 15 TANKS, PHOTOCOPY BOTH PAGES OF SECTION VI BEFORE ENTERING ANY INFORMATION. (IF YOU HAVE MORE THAN ONE SITE, EITHER OBTAIN MORE FORMS FROM THE DEPARTMENT OF ECOLOGY OR BE SURE TO ALSO PHOTOCOPY THIS PAGE.)
- PLEASE TYPE, OR PRINT IN INK; THE SIGNATURE UNDER "CERTIFICATION" (SECTION V) MUST BE SIGNED IN INK.

DEPT. OF ECOLOGY  
MAY -9 86 009128

STATE USE ONLY.

## I. OWNERSHIP OF THE TANK(S)

Please enter information regarding the owner of the tank(s). If the ownership of the tank(s) is uncertain, enter information regarding the owner of the property where the tanks are located, or information regarding the former owner of the tanks. Please circle the correct letter, indicating who the information given below refers to:

- A. OWNERSHIP UNCERTAIN ☒ B. CURRENT OWNER OF TANK(S) C. FORMER OWNER OF TANK(S) D. PROPERTY OWNER  
E. OTHER (PLEASE SPECIFY):

RM BOWLES COMPANY INC  
Owner Name (Corporation, Individual, Public Agency, or Other Entity)

401 W I ST PO BOX 1269  
Street Address

YAKIMA WA 98907-  
City State ZIP Code

YAKIMA 509-248-3068  
County Area Code Phone Number

Type of Owner or Facility: CIRCLE CORRECT CODE(S)

CODE	TYPE	CODE	TYPE	CODE	TYPE	CODE	TYPE
<input checked="" type="radio"/> A	Service Station	G.	Industrial/Manufacturing	M.	City/Town	S.	Port District
B.	Bulk Plant	H.	Private Institution	N.	County	T.	Utility District
C.	Petroleum Distributor	I.	Residence (Non-Farm)	O.	State	U.	Fire Dept./District
<input checked="" type="radio"/> D	Convenience Store	J.	Farm	P.	Federal (Military)*	V.	Other Special Service District (e.g., sewer, water)
E.	Auto Dealer	K.	Airport	Q.	Federal (Non-Military)*	W.	Other
	Other Commercial/Retail	L.	Marina	R.	School District		

\*FEDERAL FACILITIES ONLY: Please give your GSA Facility ID Number (Building Number).

## II. CONTACT PERSON AT THE TANK LOCATION

The contact person should be the individual responsible for regularly monitoring the operation of the tank(s).

DAVID BOWLES  
Name (If same as Section I, mark box here ☐)

PRESIDENT RM BOWLES CO 509-248-3068  
Job Title Area Code Phone Number

## III. SITE OF THE TANK(S)

(If the same as Section I, mark box here. ☐)

See the General Instructions (Page 1-2, 2.a.) for the definition of a site.

BRANDXII TOPPENISH RM BOWLES CO INC  
Facility Name or Company Site Identifier, as applicable. (IF THE FACILITY IS OPERATED BY A LEASEE OR RENTER, THE NAME OF THE CORPORATION, INDIVIDUAL, PUBLIC AGENCY, OR OTHER ENTITY WHICH OPERATES THE FACILITY SHOULD BE ENTERED HERE.)

401 SOUTH ELM  
Street Address or State Road where the tanks are located. (IF NO STREET ADDRESS OR STATE ROAD, PLEASE ENTER THE LONGITUDE AND LATITUDE OR TOWNSHIP, RANGE, AND QUARTER SECTION WHERE THE TANKS ARE LOCATED.)

TOPPENISH WA 98948-  
City State ZIP Code

YAKIMA 509-865-2444  
County Area Code Phone Number

## IV. THE TOTAL NUMBER OF TANKS AT THIS SITE

1. Number of tanks containing petroleum, which are now in use: 3
2. Number of tanks which have stored petroleum, but are not now in use: 1
3. Number of tanks containing regulated chemicals, which are now in use:
4. Number of tanks which have stored regulated chemicals, but are not now in use:

TOTAL NUMBER OF TANKS 4

Please mark this box if the site is located on land within an Indian reservation or on other Indian trust lands ☐

## V. CERTIFICATION (Please read and sign after completing Section VI.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. To the best of my knowledge and belief, the submitted information is true, accurate, and complete.

DAVID B BOWLES

Name and official title of owner or owner's authorized representative or, in cases where the ownership is unknown, the name and title of the person signing the form. (PLEASE TYPE OR PRINT IN INK.)

5/17/86  
Date Signed

Signature (PLEASE SIGN IN INK)

**VI. INFORMATION REGARDING INDIVIDUAL TANKS** (See instructions regarding individual tanks, Page I-2)

[illegible]

